Company Tracking Number: WC AR 0808 TERR

TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC

Product Name: Workers Compensation

Project Name/Number: WC AR Terrorism Catastrophe Provisions/WC AR 0808 TERR

Filing at a Glance

Companies: Great American Alliance Insurance Company, Great American Assurance Company, Great American

Insurance Company, Great American Insurance Company of New York

Product Name: Workers Compensation SERFF Tr Num: GRTA-125784440 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25

Sub-TOI: 16.0002 Employers Liability WC Co Tr Num: WC AR 0808 TERR State Status: Fees verified and

received

Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler

Author: Donna Lansing Disposition Date: 08/21/2008

Date Submitted: 08/20/2008 Disposition Status: Approved

State Filing Description:

General Information

Project Name: WC AR Terrorism Catastrophe Provisions Status of Filing in Domicile: Not Filed

Project Number: WC AR 0808 TERR

Domicile Status Comments: NA

Reference Organization: NCCI

Reference Title: Item B-1407 Catastrophe Provisions Miscellaneous

Advisory Org. Circular: CIR-2008-07

Values Rules & Stat Codes

Filing Status Changed: 08/21/2008

State Status Changed: 08/21/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Great American Insurance Group, consisting of the above captioned companies, hereby submits for your approval, the adoption of Item B-1407 Catastrophe Provisions Miscellaneous Values, Rules, Statistical Codes, and Forms as outlined in NCCI Circular CIF-2008-07.

We wish for this filing to be applicable to all policies written on or after September 1, 2008.

Company Tracking Number: WC AR 0808 TERR

TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC

Product Name: Workers Compensation

Project Name/Number: WC AR Terrorism Catastrophe Provisions/WC AR 0808 TERR

Please return the enclosed duplicate to indicate your receipt and approval.

Company and Contact

Filing Contact Information

Donna Lansing, Filing analyst dlansing@gaic.com
49 east 4th street (513) 369-5000 [Phone]

Cincinnati, OH 45202

Filing Company Information

Great American Alliance Insurance Company CoCode: 26832 State of Domicile: Ohio 580 Walnut Street Group Code: 84 Company Type: P&C Cincinnati, OH 45202 Group Name: State ID Number:

(513) 369-5000 ext. [Phone] FEIN Number: 95-1542353

Great American Assurance Company CoCode: 26344 State of Domicile: Ohio 580 Walnut Street Group Code: 84 Company Type: P&C Cincinnati, OH 45202 Group Name: State ID Number:

(513) 369-5000 ext. [Phone] FEIN Number: 15-6020948

Great American Insurance Company CoCode: 16691 State of Domicile: Ohio 580 Walnut Street Group Code: 84 Company Type: P&C Cincinnati, OH 45202 Group Name: State ID Number:

(513) 369-5000 ext. [Phone] FEIN Number: 31-0501234

Great American Insurance Company of New CoCode: 22136

York

580 Walnut Street Group Code: 84 Company Type: P&C Cincinnati, OH 45202 Group Name: State ID Number:

(513) 369-5000 ext. [Phone] FEIN Number: 13-5539046

Filing Fees

Fee Required? Yes

State of Domicile: New York

Company Tracking Number: WC AR 0808 TERR

TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC

Product Name: Workers Compensation

Project Name/Number: WC AR Terrorism Catastrophe Provisions/WC AR 0808 TERR

Fee Amount: \$25.00

Retaliatory? No

Fee Explanation: Same rule filing for all companies

Per Company: No

 SERFF Tracking Number:
 GRTA-125784440
 State:
 Arkansas

 First Filing Company:
 Great American Alliance Insurance Company, ... State Tracking Number:
 EFT \$25

Company Tracking Number: WC AR 0808 TERR

TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC

Product Name: Workers Compensation

Project Name/Number: WC AR Terrorism Catastrophe Provisions/WC AR 0808 TERR

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$25.00	08/20/2008	22037231
Great American Assurance Company	\$0.00	08/20/2008	
Great American Insurance Company	\$0.00	08/20/2008	
Great American Insurance Company of New	\$0.00	08/20/2008	
York			

 SERFF Tracking Number:
 GRTA-125784440
 State:
 Arkansas

 First Filing Company:
 Great American Alliance Insurance Company, ... State Tracking Number:
 EFT \$25

Company Tracking Number: WC AR 0808 TERR

TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC

Product Name: Workers Compensation

Project Name/Number: WC AR Terrorism Catastrophe Provisions/WC AR 0808 TERR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/21/2008	08/21/2008

Company Tracking Number: WC AR 0808 TERR

TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC

Product Name: Workers Compensation

Project Name/Number: WC AR Terrorism Catastrophe Provisions/WC AR 0808 TERR

Disposition

Disposition Date: 08/21/2008 Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment: All workers' compensation filings in Arkansas are prior approval with a 30 day waiting period. The waiting period may be waived if requested. We will waive the waiting period on this filing only. Future filings should be made early enough to include the 30 day waiting period.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing0.000%Overall Percentage Rate Impact For This Filing0.000%Effect of Rate Filing-Written Premium Change For This Program\$0Effect of Rate Filing - Number of Policyholders Affected0

Company Tracking Number: WC AR 0808 TERR

TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC

Product Name: Workers Compensation

Project Name/Number: WC AR Terrorism Catastrophe Provisions/WC AR 0808 TERR

Item Type Item Name Item Status Public Access Uniform Transmittal Document-Property & Approved Yes **Supporting Document** Casualty NAIC Loss Cost Filing Document for Yes Approved **Supporting Document** Workers' Compensation NAIC loss cost data entry document **Supporting Document** Approved Yes

 SERFF Tracking Number:
 GRTA-125784440
 State:
 Arkansas

 First Filing Company:
 Great American Alliance Insurance Company, ... State Tracking Number:
 EFT \$25

Company Tracking Number: WC AR 0808 TERR

TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC

Product Name: Workers Compensation

Project Name/Number: WC AR Terrorism Catastrophe Provisions/WC AR 0808 TERR

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: WC AR 0808 TERR

TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC

Product Name: Workers Compensation

Project Name/Number: WC AR Terrorism Catastrophe Provisions/WC AR 0808 TERR

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 08/21/2008

Property & Casualty

Comments:

Attachment:

AR Terr TRans.pdf

Review Status:

Satisfied -Name: NAIC Loss Cost Filing Document Approved 08/21/2008

for Workers' Compensation

Comments:

NA

Review Status:

Satisfied -Name: NAIC loss cost data entry document Approved 08/21/2008

Comments:

NA

Property & Casualty Transmittal Document

1.	Reserved for Insurance	nsurance Department Use only							
	Dept. Use Only	a. Da	ate the filing is received:						
			nalyst:						
		c. Disposition:							
			ite of disposition	of the fi	iling:	,			
			fective date of fil					- *************************************	
			New Business						
			Renewal Busines	SS S	· ·				
		 	ate Filing #:	55 1					
						·-			
		g. SERFF Filing #: h. Subject Codes							
		<u>II. 5u</u>	oject codes						
3.	Group Name							Group NAIC #	
	Great American Insurance Grou	up						084	
4.	Company Name(s)		Domicile	NAI		FEIN#		State #	
	Great American Insurance Com		ОН	1669		31-0501		ОН	
	Great American Assurance Cor		ОН	2634		15-6020		ОН	
	Great American Alliance Insura		OH	2683		95-1542		ОН	
	Great American Insurance Com	ipany of NY	NY	2213	6	13-5539	046	NY	
								1	
5.	Company Tracking Number		WC-AR-0808-TE	RR					
				······································	rl				
	Company Tracking Number tact Info of Filer(s) or Corpora Name and address			e numbe	r]	#		e-mail	
Con	tact Info of Filer(s) or Corpora	ate Officer(s) [include toll-fre	e numbe			dlansı	e-mail സ്യൂപ്രം.com	
Con	tact Info of Filer(s) or Corpora Name and address	ate Officer(s Title) [include toll-fre	e numbe	FAX		dlansı		
Con	tact Info of Filer(s) or Corpora Name and address Donna Lans ng	ate Officer(s Title) [include toll-fre	e numbe	FAX		dlansı		
Con	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4 th Street	ate Officer(s Title) [include toll-fre	e numbe	FAX		dlanst		
Con	tact Info of Filer(s) or Corpora Name and address Donna Lans ng	ate Officer(s Title) [include toll-fre	e numbe	FAX		dlansr		
Con 6.	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4 th Street Cincinnatic OH 45202	ate Officer(s Title) [include toll-free Telephone 543 333,6948	#s	FAX:		dlansı		
Con 6.	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4 th Street Cincinnate OH 45202 Signature of authorized filer	ate Officer(s Title Product Analyst	(Domai	#s	FAX:		dlansr		
7. 8.	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4 th Street Cincinnatic OH 45202 Signature of authorized filer Please print name of authorize	ate Officer(s Title Product Analyst	j [include toll-free Telephone 5 [3 333,69]8	ee numbee #\$	FAX:		dlansı		
7. 8.	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4 th Street Cincinnati OH 45202 Signature of authorized filer Please print name of authorized ing information (see General 1)	ritle Product Analyst zed filer) [include toll-free Telephone 513 333.6918 Donna Lans for descriptions	ee numbee #\$	FAX:		dlansı		
7. 8. Filing.	tact Info of Filer(s) or Corpora Name and address Donna Lansing 49 East 4 th Street Cincinnate OH 45202 Signature of authorized filer Please print name of authorized ing information (see General I	ritle Product Analyst zed filer Instructions	Telephone 513 333.6918 Donna Lans for descriptions 6.0	#\$	FAX:		dlanst		
7. 8. Filip 9.	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4th Street Cincinnatic DH 45202 Signature of authorized filer Please print name of authorized ing information (see General Interpretation) Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insurance (Sub-Type Insurance)	zed filer Instructions) [include toll-free Telephone 513 333.6918 Donna Lans for descriptions	#\$	FAX:		dlansı		
7. 8. Filing.	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4th Street Cincinnatic OH 45202 Signature of authorized filer Please print name of authorized ing information (see General Interpretation) Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type State Specific Product code(s)	zed filer Instructions (if	Telephone 513 333.6918 Donna Lans for descriptions 6.0	#\$	FAX:		dlansı		
7. 8. Filit 9. 10. 11.	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4th Street Cincinnate OH 45202 Signature of authorized filer Please print name of authorized ing information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insurance (Sub-Type State Specific Product code(s) applicable) [See State Specific Require	zed filer Instructions [TOI] [Instructions] [Instructions]	Donna Lans for descriptions 6.0 Vorkers Compen	#s ing of these	FAX: 13:33:699)6		ngargale.com	
7. 8. Filin 9. 10. 11.	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4th Street Cincinnate OH 45202 Signature of authorized filer Please print name of authorized ing information (see General Interpretation) Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Ins	zed filer Instructions [TOI] [Instructions] [Instructions]	Telephone 513 333.6948 Donna Lans for descriptions 6.0 Vorkers Compen	#s sing of these sation	fields)	horizatio	n Act	ngargale.com	
7. 8. Filit 9. 10. 11.	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4th Street Cincinnate OH 45202 Signature of authorized filer Please print name of authorized ing information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insurance (Sub-Type State Specific Product code(s) applicable) [See State Specific Require	zed filer Instructions [TOI] [Instructions] [Instructions]	Donna Lans for descriptions 6.0 Vorkers Compen	e number #\$	fields)	horizatio ates/Rule	n Act	ngargale.com	
7. 8. Filin 9. 10. 11.	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4th Street Cincinnate OH 45202 Signature of authorized filer Please print name of authorized ing information (see General Interpretation) Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Ins	zed filer Instructions [TOI] [Instructions] [Instructions]	Donna Lans for descriptions 6.0 Vorkers Compen	e number #\$	fields) am Reaut les Ron Rates/R	horizatio ates/Rule	n Act	ngargale.com	
7. 8. Filin 9. 10. 11.	tact Info of Filer(s) or Corpora Name and address Donna Lans ng 49 East 4th Street Cincinnate OH 45202 Signature of authorized filer Please print name of authorized ing information (see General Interpretation) Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Ins	zed filer Instructions (if rements) teting title) Title Product Analyst Zed filer Instructions	Donna Lans for descriptions 6.0 Vorkers Compen Rate/Loss Cost Forms Colleged Control C	e number #\$	fields) am Reaut les Ron Rates/R	horizatio ates/Rule ules/Form	n Act s ns	ngargale.com	

Property & Casualty Transmittal Document---

15.	Reference Filing?	⊠ Yes □ No				
16.	Reference Organization (if applicable)	N('('				
17.	Reference Organization # & Title	CIF-2008-07 Item B-1407 Catastrophe Provisions Miscellaneous				
17.	Reference Organization # & Title	Values, Rules, and Statistical Codes				
18.	Company's Date of Filing	8/20/08				
19.	Status of filing in domicile	Not Filed ☐ Pending ☐ Authorized ☐ Disapproved				
	,					
20.	20. This filing transmittal is part of Company Tracking # WC AR 0808 TERR					
21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]						
		the above captioned companies, hereby submits for your approval,				
	doption of Item B-1407 Catastrophe Provisions ned in NCCI Circular CIF-2008-07.	s Miscellaneous Values, Rules, Statistical Codes, and Forms as				
We v	vish for this filing to be applicable to all policie	s written on or after September 1, 2008.				
Dloos	e return the enclosed duplicate to indicate your	receipt and approval				
Pieas	e return the enclosed duplicate to indicate your	receipt and approvai.				
Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]						
Check #: EFT						
Amount: \$25						

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Refer to each state's checklist for additional state specific requirements or instructions on calculating

fees.